

SECTION 1.0
INTRODUCTION

The annual distribution and administration of vaccine for each predicted strain of influenza is an “institutionalized” process involving both the public and private sectors. For this annual vaccination effort, the vaccine type is predicted by the CDC approximately 18 months before the anticipated influenza season. The supply of vaccines from domestic and international manufacturers is ready for distribution during the influenza immunization period of October through February.

Except for some children under eight years of age, effective immunization is generally achieved with a single dose of vaccine. Approximately 90 percent of the vaccine is administered by the private sector and is directed toward high-risk individuals as defined by the Advisory Committee on Immunization Practice (ACIP).

The next pandemic influenza or other novel respiratory viruses will pose a number of threats to this existing vaccine delivery and immunization process. Critical factors that will affect the current system of vaccine distribution include the following:

- The time period for the identification, production, and distribution of vaccine to prevent infection will be greatly shortened, placing considerable burdens on all existing processes and procedures.
- Because time frames may be shortened, significant shortages and delays in vaccine availability will likely occur.
- In all likelihood, the target population for vaccination coverage will be extended well beyond the typical high-risk populations, with a potential goal of vaccinating the entire population.
- The virus encountered during a pandemic will represent a new strain, with new hemagglutinin and/or neuraminidase antigens. Thus, to maximize vaccine efficacy, a second dose of vaccine maybe given after the first initial dose based on current CDC guidelines. Based on current COVID-19 pandemic, a booster dose is recommended.
- For a pandemic novel respiratory virus other than influenza, a vaccine will likely not exist and require development. Development of the new vaccine may take a long time, although there will be efforts to expedite the process and a delivery system will need to be produced.

As a result of these concerns and considerations, local public health providers must develop a strategic plan for the management of vaccine delivery and administration during a pandemic. That plan must ensure that the distribution and allocation of available vaccine is completed in an organized and coordinated manner to maximize the public's health and safety.

The resources of local and the federal governments are utilized in sequential order to ensure a rapid and efficient response. Each level of government, upon requesting assistance from the next level of government, must ensure that local requirements have exceeded local resources before requesting assistance from the next higher level.

SECTION 2.0

ASSUMPTIONS

When considering the challenges that must be addressed to ensure a smooth and efficient distribution of available vaccine, Guam follows CDC guidance and has based its plan for making vaccine available on the following assumptions:

- **Supply**
 - Based on guidelines issued by the CDC, it is understood that in the event of a pandemic, the total vaccine supply will be under the control of the federal government. This suggests that Guam will be assigned an “allotment” of vaccine and that all distribution efforts will be based on that allocation.
- **Distribution Activity**
 - Actual distribution activities cannot begin until the CDC, in cooperation with manufacturers, can offer an expected date for delivery of vaccine.
- **Shortages**
 - Vaccine shortages are expected on Guam as vaccine allotment may not be adequate to meet Guam's entire need. These shortages may be so extensive that the vaccine supply would not be adequate to even protect all individuals identified as having a critical role in managing the crisis.
- **Costs**
 - Guam may need to absorb the initial costs associated with the purchase, delivery, and administration of vaccine. The CDC anticipates that national resources may be able to offset costs, although the exact level and nature of such resources is not yet determined. Federal resource assistance may include such items as federal contracts for the purchase of vaccine, grants, or reimbursement activities to subsidize the costs associated with vaccine distribution. However, at a minimum, the territory should expect to absorb the costs associated with the redirection of personnel and should expect to use other financial resources to meet immunization objectives.

- **Liability**
 - Any activity related to liability issues and concerns that may be associated with instances of adverse reactions to vaccine administration will be the responsibility of the federal government. For inclusion in this federal liability coverage, the medical provider must ensure there is adequate and accurate documentation regarding the vaccine administration process and be able to identify vaccine recipients. The medical provider must also ensure to properly document any adverse reactions or administration errors to the Vaccine Adverse Event Reporting System (VAERS) and provide a copy to the Immunization Program.
- **Centralized Control**
 - Activity to properly manage the distribution and allocation of available vaccine will begin as soon as reasonably possible. However, short implementation periods, limited vaccine supply, or greatly overwhelmed infrastructure may require Guam's executive leadership to issue a state of emergency. An Executive Order from the Governor will be needed for the deployment and use of personnel, supplies, equipment, materials, and facilities; this intervention would facilitate access to and use of expanded resources to meet vaccination objectives.

SECTION 3.0

INTERPANDEMIC INFRASTRUCTURE

As a base for disaster planning associated with vaccine delivery issues, Guam intends to rely to a large extent on the strength of its current distribution system, which is managed by the DPHSS Immunization Program. The infrastructure is currently used to efficiently distribute childhood and adult vaccines. This distribution system has the policies, procedures, and processes that can be adapted to assist the territory in its pandemic vaccine distribution goals and objectives. Specifically, the current distribution system includes:

- DPHSS Immunization Program for management of an island wide distribution system.
- Adequate coolers and back-up power for proper storage of vaccine.
- Adequate supplies for repackaging vaccine as necessary.
- Established protocols and lines of communication.
- An existing communications infrastructure, which includes phone, fax, 800mhz radio, and internet accessibility for the community.
- An existing computer system for tracking inventory receipt and distribution.

- Trained professional and support staff, who are capable of preparing vaccine orders.
- Experience with providing rapid, accurate service with the ability to complete vaccine orders within the same day.

SECTION 4.0

PANDEMIC VACCINE SUPPLY AND DISTRIBUTION

In 2020, the population of Guam was estimated to be 153,836. If faced with a novel influenza or other novel respiratory virus, current estimates suggest that Guam could need over 300,000 doses of vaccine for the civilian population (including tourists) and 30,000 for the military population, with adequate lead-time, to fully immunize its population. This number may vary by season due to tourists and other visitors. In addition, anticipated military build-up would increase the number of needed vaccines for the military population. However, due to anticipated shortages and delays in acquiring vaccine, the actual distribution will, in most likelihood, be substantially less than the amount needed for full population immunization.

SECTION 4.1

ORDERING AND DISTRIBUTION

Assuming that the need will exceed vaccine availability, DPHSS will submit its order to the CDC for the maximum allocation of vaccines. The CDC will assume responsibility for ensuring that the manufacturer ships the vaccine to DPHSS Immunization Program, who in turn will be responsible for ordering the vaccines and distributing them to other sites. The DPHSS Immunization Program Manager shall assume the role of Distribution Manager.

The DPHSS estimates they would be able to store 214,000 (10 dose vial) doses of influenza or other novel respiratory virus vaccine if other vaccines and biologicals currently in storage were temporarily relocated.

SECTION 4.2

DPHSS ACTIVITIES

The designated vaccine ship-to site will be determined by the DPHSS. The DPHSS Immunization Program has the experience and resources to properly store and secure vaccine as well as track its receipt and redistribution (Attachment 7-A). The DPHSS Immunization Program will identify partners to assist, as needed.

DPHSS will be required to:

- Educate the local community in advance of a pandemic.

- Identify the maximum amount of vaccine that can be accepted under emergency conditions for short-term storage.
- Augment standard procedures to assure the biological safety and physical security of the vaccine within the designated sites.
- Identify the community partners who will work with the health department to administer vaccines to targeted populations.
- Adhere to procedures to accurately document the receipt and redistribution of vaccines. This documentation should, at a minimum, indicate the amount, lot number and date the vaccine is received, as well as the amount, lot number, date, and method of redistribution to the identified community partner.
- Modify the system for notifying community partners as necessary. Notice will include timing for the local availability of vaccines for delivery.
- Assure that the redistribution of vaccines will occur prior to receiving the next capacity shipment so that no vaccine is lost because of storage shortages.

The DPHSS Immunization Program will continue shipments of vaccine to designated distribution sites. Distributions may occur weekly to monthly depending on vaccine supply and usage. If additional staff is needed to manage large shipments or to continue vaccine management and shipping activity for extended hours or over non-traditional workdays, staff from DPHSS will be detailed. These staff, regardless of primary duties and authority, will assist the Immunization Program staff responsible for vaccine distribution and management. Other DPHSS staff participating in the Guam Strategic National Stockpile Program will be activated to assist with operations as well. May need to request for additional support staff through to the EOC/ESF8.

SECTION 4.3

POTENTIAL PARTNERS FOR VACCINE ADMINISTRATION ONLY

Potential partners who will administer vaccines must pre-register using the appropriate federal or local documentation (Attachment 7-A). Depending upon the extent of the event and the need for vaccinators, volunteers will be called up in a tiered manner, first calling upon licensed health care professionals, and then going down the list, as need dictates (Attachment 7-B).

The recruitment of community partners will depend on the resources available to the community. In addition, the actual coordination with community partners may be further refined based on the populations that are targeted for actual disease management during a pandemic.

In working with community partners that will administer vaccines during a pandemic, DPHSS must ensure that these partners understand their roles and the expectations associated with this

partnership. Specifically, the community partner must be prepared to accept and store their allotment of vaccine and must ensure that vaccine administration is properly documented for accountability purposes, and in the event that reimbursement becomes available. The community partner must also account for and document any vaccine wastage. Finally, the personnel resources devoted by community partners should be considered a public health contribution to the community, rather than a cost-reimbursable or profit-making activity.

During an influenza or other novel respiratory virus pandemic, clinics, pharmacies, and organizations that believe they are not receiving their fair share of vaccines will be directed to contact the DPHSS Immunization Program. That office will assume responsibility for managing calls and requests from the community to consider amendments to the allocation and distribution sites.

SECTION 4.4

POTENTIAL MASS VACCINATION CLINIC SITES

DPHSS is responsible for planning and implementing Mass Vaccination Clinic Sites to administer vaccines to large numbers of people in a short period of time (Attachment 7-A). The following facilities are potential sites for the Mass Vaccination Clinics:

- Northern Region
 - Yigo gymnasium
 - Astumbo gymnasium or senior center
 - Okkodo High School gymnasium/ cafeteria
- Central Region
 - University of Guam Field House
 - Tiyan High School gymnasium/ cafeteria
 - Agaña Heights gymnasium
- Southern Region
 - Inalåhan Social Hall
 - Hågat gymnasium
 - Humåtak Mayor's Office

Mass Immunization Clinics are meant to accommodate a large-scale vaccination activity. The sites should be chosen accordingly. Following are criteria for site selection:

- Large floor space facility. Consider auditoriums, conference halls, open-area buildings
- Access to one or two private rooms for staff conferencing and storage
- Access to power (electrical outlets)/backup generator
- Access to telephones
- Adequate sanitary facilities (bathrooms and sinks)
- Adequate parking and ability to control vehicle and foot traffic
- Digital traffic signs
- Accessible to physically disabled persons (Required by Title II of the Americans Disability Act)
- Access to telephones
- Able to maintain the security of area
- Computer lines (for computer data collection; may not be required)

SECTION 5.0

PRIORITY GROUPS FOR VACCINATION DURING THE PANDEMIC

Establishing Target Recipient Groups

- In view of the likely vaccine shortage, the vaccine will be prioritized based on national recommendations and tailored to meet the specific needs of Guam. (Attachment 7-A). In addition, the VAPPC is tasked with defining priority groups for vaccination and modifying these priority groups as needed during a pandemic (Attachment 6-B).

General Considerations

- Both the public and private sectors will be mobilized to administer whatever vaccine is available. The actual organization of the vaccination program, in both the public and private sectors, will have to be customized for the community and target group and will depend on the extent and availability of the available infrastructure and resources. The

success of the pandemic vaccination program will be determined in large part by public confidence in the benefits of influenza or other novel respiratory virus vaccination and the strength of the plan.

PANDEMIC PHASES

WHO PHASE 1/PANDEMIC CONDITION OF READINESS 4 (PCOR4): INTERPANDEMIC PERIOD

- **Department of Public Health and Social Services DPHSS**
 - Maintain a system for distribution of vaccines through the DPHSS Immunization Program.
 - Update Guam Vaccine Delivery Plan for Pandemics through the DPHSS Immunization Program for the management of vaccine delivery and administration during an influenza or other novel respiratory virus pandemic.
 - Update a plan for prioritized administration of influenza or other novel respiratory virus vaccine in the event of inadequate supplies through the DPHSS Immunization Program based on current CDC guidelines.
 - Identify existing vaccine storage capability through the DPHSS Immunization Program.
 - Coordinate to identify partners, such as CHCs, GPA, DPW, PAG, and GUARNG, which will assist with short-term emergency storage needs.
 - Identify partners in the community that can assist with mass immunizations.
 - Promote increased influenza and pneumococcal vaccine coverage levels in traditional high-risk groups through local associations with assistance from DPHSS Immunization Program and ECHO.
 - Encourage physicians, pharmacists, and healthcare professionals, associations and organizations to promote increased influenza and pneumococcal vaccine coverage levels in high-risk groups.
 - Ensure that adverse events following vaccination are reported through the DPHSS Immunization Program and the Vaccine Adverse Events Reporting System (VAERS).
- **Healthcare Settings**

- Develop or update recall list of essential and nonessential personnel.
- Develop a plan for management of pandemic strain vaccine delivery, administration during a pandemic and monitoring for adverse reaction.
- Develop a plan for prioritized administration of pandemic vaccine in the event of inadequate supplies.
- Encourage healthcare providers to promote increased influenza and pneumococcal vaccine coverage levels in high-risk groups.
- Identify existing securable storage capabilities and evaluate needs for additional storage space.
- **Guam Fire Department (GFD)**
 - Develop or update recall list of essential and nonessential personnel.
 - Develop a plan for prioritized administration of influenza vaccine in the event of inadequate supplies.
 - Need to address the protocol on emergency cases to GMHA ER via Ambulance.
- **Guam Police Department (GPD)**
 - Develop or update recall list of essential and nonessential personnel.
 - Develop a plan for prioritized administration of pandemic vaccine in the event of inadequate supplies.
 - Law enforcement plan regarding security and delivery of vaccines
- **Guam Department of Education (GDOE)**
 - Develop specific pandemic response procedures and add to existing emergency plans.
 - Maintain a database of school health counselors (nurses).
 - Train their school health counselors on “Pandemic Mass Administration.”
 - Ensure all students are up-to-date with immunizations.

- Conduct routine inventories of first aid and medical supplies.
- **Guam Homeland Security/Office of Civil Defense (GHS/OCD)**
 - Maintain a registry of all the agencies' databases pertaining to voluntary emergency recall.
- **Guam Behavioral Health and Wellness Center (GBHWC)**
 - Develop or update recall list of essential and nonessential personnel.
 - Identify the essential employees with direct patient care, employees with minimal direct patient care, and non-essential employees with no direct patient care, for initial influenza vaccine.
 - Develop a plan for prioritized administration of influenza vaccine in the event of inadequate supplies
- **Mayors' Council of Guam (MCOG)**
 - Identify high risk populations in their villages.
 - Develop a Plan on assisting DPHSS with vaccine delivery and setup on the assign Mass Vaccination sites.
 - Develop a plan for prioritized administration of influenza vaccines in the event of limited.
- **Department of Corrections (DOC)**
 - Develop or update recall list of essential and nonessential personnel.
 - Develop a plan for prioritized administration of influenza vaccine in the event of inadequate supplies.
 - Identify high risk populations
- **Department of Integrated Services for Individuals with Disabilities (DISID)**
 - Develop and maintain a registry of all the agencies' databases pertaining to persons with disabilities. (Catholic Social Services, Guma Mami, Public Guardian).

- Develop a plan for prioritized administration of pandemic vaccine in the event of inadequate supplies.
- **University of Guam (UOG)**
 - Develop a plan for prioritized administration of pandemic vaccine in the event of inadequate supplies.
 - Identify and train volunteers among UOG School of Health.
- **Guam Community College (GCC)**
 - Identify volunteers among Allied Health Program (Nursing).
 - Develop a plan for prioritized administration of pandemic vaccine in the event of inadequate supplies.
- **Customs and Quarantine Agency (CQA), Department of Youth Affairs (DYA)**
 - Develop a plan for prioritized administration of influenza vaccines in the event of limited.
- **Guam National Guard (GUNG)**
 - Develop a plan for prioritized administration of influenza vaccines in the event of limited.
 - Develop a plan on assisting DPHSS with security, vaccine delivery and setup of the designated Mass Immunization sites.
- **Guam Power Authority GPA, Guam Waterworks Authority (GWA) and Telecommunications Companies**
 - Develop a plan for prioritized administration of influenza vaccines in the event of limited.
 - Assess infrastructure capacity and needs at potential sites for Mass Immunization Clinics.
- **Professional Healthcare Associations**
 - Educate members on pandemic influenza planning and business continuity plan.

- Develop a plan for prioritized administration of influenza vaccines in the event of limited.
- **Health Professional Licensing Office (HPLO)**
 - Maintain a database of volunteers.

WHO PHASE 2/PCOR4: INTERPANDEMIC PERIOD

- **DPHSS**
 - Continue preparedness stage as listed in Phase I.
 - Develop vaccine administration training module.
- **Healthcare Settings, GFD, GPD, GDOE, GHS/OCD, GBHWC, MCOG, DOC, DISID, UOG, GCC, CQA, DYA, GUNG, GPA, GWA, Telecommunications Companies, Professional Healthcare Associations, and HPLO**
 - Continue preparedness stage as listed in Phase I.

WHO PHASE 3/PCOR3: PANDEMIC ALERT PERIOD

- **DPHSS**
 - Continue preparedness stage, including exercising of mass immunization plan.
 - Develop a guideline for vaccine management and distribution system.
 - Develop a list of priority groups for vaccination (see Attachment 7-A).
 - Identify existing vaccine storage capacity.
 - Identify community partners that will assist with mass immunizations (clinic sites and vaccine administrators).
 - Continue to promote increased seasonal influenza and pneumococcal vaccine coverage in high-risk groups with the assistance of healthcare providers.
 - Monitor reports received through the VAERS.
 - Follow progress in development of effective vaccine for new virus.

- **Healthcare Settings**

- Continue preparedness stage.
- Exercise mass immunization plan.
- Plan to increase security.

- **GFD**

- Continue preparedness stage.
- Periodic email Pandemic Precaution Information to fire personnel.

- **GPD**

- Continue preparedness stage.
- Periodic email Pandemic Precaution Information to police personnel.

- **GDOE, GHS/OCD, GBHWC, MCOG, DOC, DISID, UOG, GCC, CQA, DYA, GUNG, GPA, GWA, Telecommunications Companies, Professional Healthcare Associations, and HPLO**

- Continue preparedness stage.

WHO PHASE 4/PCOR2: PANDEMIC ALERT PERIOD

- **DPHSS**

- Follow progress in development of effective vaccine for new virus.
- Develop Provider Agreement with community partners that will assist with mass immunization.
- Contact vaccination partners to prepare for enrollment in vaccination program.
- Implement vaccine administration training module via UOG School of Health,.

- **Healthcare Settings, GFD, GPD, GDOE, GHS/OCD, GBHWC, MCOG, DOC, DISID, UOG, GCC, CQA, DYA, GUNG, GPA, GWA, Telecommunications Companies, Professional Healthcare Associations, and HPLO**

- Continue preparedness stage.
- Each agency will submit an updated list of essential personnel for antiviral and vaccine delivery to DPHSS on a quarterly basis.

WHO PHASE 5/PCOR2: PANDEMIC ALERT PERIOD

- **DPHSS**

- Prepare DPHSS Immunization Program for quick distribution of the vaccine, once available.
- Determine other possible community vaccine distribution sites.

- **Healthcare Settings, GFD, GPD, GDOE, GHS/OCD, GBHWC, MCOG, DOC, DISID, UOG, GCC, CQA, DYA, GUNG, GPA, GWA, Telecommunications Companies, Professional Healthcare Associations, and HPLO**

- Continue preparedness stage.
- Each agency will submit an updated list of essential personnel for antiviral and vaccine delivery to DPHSS on a quarterly basis.

WHO PHASE 6/PCOR1: PANDEMIC PERIOD

- **DPHSS**

- Begin distribution of pandemic vaccine, if available, and immunization of target groups.
- Deliver vaccine to enrolled providers and the other community sites or have them pick up vaccine at DPHSS Immunization Program.
- Begin active coordination through the DPHSS Immunization Program with local partners to establish massive immunization efforts directed at high priority target groups.
- Assess vaccine coverage, effectiveness of targeting to priority groups, and efficiency of distribution and administration; determine number of persons who remain unprotected.
- Modify distribution system as needed to ensure optimal coverage.

- Monitor continued administration of vaccine to persons not previously protected.
- **Healthcare Settings**
 - Pharmacy will collaborate with DPHSS for availability of pandemic strain vaccine.
 - When vaccines are available:
 - Employee Health will coordinate the initiation of their Antiviral/Vaccine Administration Plan.
 - Employee Health Nurse or designee will ensure distribution based on priority, See Prioritization Listing for Antiviral and Vaccine Deliver.
 - Place vaccines in the designated secured storage area.
 - Healthcare personnel assigned to the vaccine distribution site will ensure documentation, monitoring, and surveillance of adverse events.
 - Submit an updated list of essential personnel for antiviral and vaccine delivery to DPHSS quarterly or as needed.
- **GDOE**
 - Closure of schools as directed by governor.
 - Prepare schools for possible use for mass immunization sites, children shelters, quarantine sites and other emergency needs.
 - Collaborate with local agencies in make school facilities available in local response efforts, as previously identified.
 - Institute rigorous cleaning policies and practices to reduce the spread of a pandemic virus.
 - Submit an updated list of essential personnel for antiviral and vaccine delivery to DPHSS quarterly or as needed.
- **GFD, GPD, GHS/OCD, GBHWC, MCOG, DOC, DISID, UOG, GCC, CQA, DYA, GUNG, GPA, GWA, Telecommunications Companies, Professional Healthcare Associations, and HPLO**

- Each agency will submit an updated list of essential personnel for antiviral and vaccine delivery to DPHSS quarterly or as needed.

POSTPANDEMIC PERIOD

- **DPHSS**

- Assess supply status and any imminent needs.
- Prepare report assessing vaccine delivery response.

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